

Senate, April 6, 1998. The Committee on Public Health reported through SEN. HARP, 10th DIST., Chairman of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT ESTABLISHING A GRADUATE MEDICAL EDUCATION TASK FORCE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. There is established a graduate
2 medical education task force to study methods of
3 assuring that there will be an adequate supply of
4 residents and fellows in Connecticut hospitals,
5 ambulatory settings and nontraditional but
6 appropriate learning venues and that there will be
7 adequate funding to support such residents and
8 fellows.

9 Sec. 2. (a) The graduate medical education
10 task force shall consist of the following:

11 (1) Two members who are the cochairpersons of
12 the joint standing committee of the General
13 Assembly having cognizance of matters relating to
14 public health, or their designees;

15 (2) Two members who are the ranking members
16 of the joint standing committee of the General
17 Assembly having cognizance of matters relating to
18 public health, or their designees;

19 (3) Two members who are the cochairpersons of
20 the joint standing committee of the General
21 Assembly having cognizance of matters relating to
22 education, or their designees;

23 (4) Two members who are the ranking members
24 of the joint standing committee of the General
25 Assembly having cognizance of matters relating to
26 education, or their designees;

27 (5) The Commissioner of the Office of Health
28 Care Access, or his designee;

29 (6) Two members who are representatives of
30 the managed care industry, one appointed by the
31 speaker of the House of Representatives and one
32 appointed by the president pro tempore of the
33 Senate;

34 (7) Two members who are representatives of
35 teaching hospitals that are the primary teaching
36 hospitals of medical schools situated in
37 Connecticut, one appointed by the minority leader
38 of the House of Representatives and one appointed
39 by the minority leader of the Senate;

40 (8) Two members who are representatives of
41 teaching hospitals that are not affiliated with
42 medical schools, one appointed by the speaker of
43 the House of Representatives and one appointed by
44 the president pro tempore of the Senate;

45 (9) Two members who are representatives of
46 hospitals that are not teaching hospitals, one
47 appointed by the minority leader of the House of
48 Representatives and one appointed by the minority
49 leader of the Senate;

50 (10) Two representatives of a children's
51 hospital, one appointed by the speaker of the
52 House of Representatives and one appointed by the
53 president pro tempore of the Senate;

54 (11) Two representatives of business and
55 industry, one appointed by the speaker of the
56 House of Representatives and one appointed by the
57 president pro tempore of the Senate;

58 (12) Two representatives of the Connecticut
59 Hospital Association, one appointed by the speaker
60 of the House of Representatives and one appointed
61 by the president pro tempore of the Senate; and

62 (13) Three representatives of the Connecticut
63 State Medical Society, appointed by the Governor.

64 (b) Any member of the task force appointed
65 under subdivision (1), (2), (3) or (4) of
66 subsection (a) of this section may be a member of
67 the General Assembly.

68 (c) All appointments to the task force shall
69 be made no later than thirty days after the

70 effective date of this section. Any vacancy shall
71 be filled by the appointing authority.

72 (d) The speaker of the House of
73 Representatives and the president pro tempore of
74 the Senate shall select the chairpersons of the
75 task force, from among the members of the task
76 force. Such chairpersons shall schedule the first
77 meeting of the task force, which shall be held no
78 later than sixty days after the effective date of
79 this section.

80 (e) Not later than January 1, 1999, the task
81 force shall submit a report on its findings and
82 recommendations to the joint standing committees
83 of the General Assembly having cognizance of
84 matters relating to public health and education,
85 in accordance with the provisions of section 11-4a
86 of the general statutes.

87 Sec. 3. This act shall take effect July 1,
88 1998.

89 PH COMMITTEE VOTE: YEA 23 NAY 0 JFS

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"THE FOLLOWING FISCAL IMPACT STATEMENT AND BILL ANALYSIS ARE PREPARED FOR THE BENEFIT OF MEMBERS OF THE GENERAL ASSEMBLY, SOLELY FOR PURPOSES OF INFORMATION, SUMMARIZATION AND EXPLANATION AND DO NOT REPRESENT THE INTENT OF THE GENERAL ASSEMBLY OR EITHER HOUSE THEREOF FOR ANY PURPOSE."

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FISCAL IMPACT STATEMENT - BILL NUMBER sSB 344

STATE IMPACT	Potential Minimal Cost, Within Anticipated Budgetary Resources, see explanation below
MUNICIPAL IMPACT	None
STATE AGENCY(S)	Legislative Management, University of Connecticut Health Center, Office of Health Care Access

EXPLANATION OF ESTIMATES:

STATE IMPACT: There is a potential minimal cost for Legislative Management as a result of the passage of the bill. This is associated with the possibility of mileage reimbursement for legislators. This potential minimal cost can be handled within the anticipated budgetary resources of Legislative Management. It is anticipated that representatives of the University of Connecticut Health Center and the Office of Health Care Access will participate to the extent that their duties allow.

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OLR BILL ANALYSIS

The Office of Legislative Research does not analyze special acts.